

# **Tobacco Cessation Program**

## **Session 1**

### **“Tobacco and You”**

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#### **Objectives of this session:**

- Discuss program structure
- Develop class guidelines
- Discuss challenges to success

<b>Tobacco Cessation Program</b>	
<b>Attendance Policy:</b>	
<b>Medication Policy:</b>	
<b>Pharmacy Guidelines:</b>	
<b>Individual Weekly Follow-Up:</b>	
<b>Session</b>	<b>Topics</b>
<b>1</b>	"Tobacco Cessation and You" General Information Are You Ready to Quit?
<b>2</b>	"Knowledge Is Power" Understanding Nicotine Addiction Setting a Quit Date
<b>3</b>	"Getting Started" Stress Management Dealing with Withdrawal
<b>4</b>	"Examining the Hurdles" Avoiding Weight Gain More on Stress Management
<b>5</b>	"Making a Plan" Stress – Thoughts, Feelings, and Behaviors Coping Strategies
<b>6</b>	"Making It Last" Relapse Prevention Closing Activities
<b>Location:</b>	
<b>Time:</b>	
<b>Facilitator Name:</b>	
<b>Clinic Phone Number:</b>	

## **Are You Ready To Give Up Tobacco?**

**Please answer the following questions by circling YES or NO.**

- |   |            |           |
|---|------------|-----------|
| <b>1. Do I want to give up tobacco for myself?</b>  | <b>YES</b> | <b>NO</b> |
| <b>2. Is giving up tobacco a top priority for me?</b>                                       | <b>YES</b> | <b>NO</b> |
| <b>3. Have I tried to give up tobacco before?</b>   | <b>YES</b> | <b>NO</b> |
| <b>4. Do I believe that tobacco is dangerous to my health?</b>                              | <b>YES</b> | <b>NO</b> |
| <b>5. Am I committed to trying to give up tobacco even though it may be tough at first?</b> | <b>YES</b> | <b>NO</b> |
| <b>6. Are my family, friends and co-workers willing to help me give up tobacco?</b>         | <b>YES</b> | <b>NO</b> |
| <b>7. Besides health reasons, do I have other personal reasons for giving up tobacco?</b>   | <b>YES</b> | <b>NO</b> |
| <b>8. Will I be patient with myself if I backslide?</b>                                     | <b>YES</b> | <b>NO</b> |

**If you answered "YES" to 4 or more of these questions, you are ready to give up tobacco – GOOD LUCK!**

**If you answered "YES" to fewer than 4 questions, you may want to talk to the program facilitator after class.**

## Challenges to Success

What kind of challenges will you face in trying to quit tobacco?	How will you meet these challenges?
<b>At home:</b>	
<b>At work:</b>	
<b>Social occasions:</b>	
<b>When stressed:</b>	

**Homework:**

1. Put together a tobacco cessation "survival kit."
2. Continue medication as prescribed.
3. Think about a Quit Date. You will choose a date next session.
4. List your reason or reasons for quitting on 3 x 5 cards and keep them where you'll see them – on your dashboard, bathroom mirror, computer monitor, etc. If you are quitting because of a person (i.e. child), put a picture of that person with your pack of cigarettes or dip.

**Survival Kit Ideas:**

- Hard candies
- Mints
- Chewing gum
- Straws to chew on
- Low-cal snacks (carrots, celery, fruit, rice cakes)
- Water
- Low-cal drinks
- CD of soothing music
- Tobacco cessation affirmations
- 3 x 5 card of reasons to quit
- Something to occupy your hands: crossword puzzle, knitting, squishy "stress" ball
- Lollipops
- Tobacco Cessation Clinic phone number

**My Survival Kit**

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